EMERGENCY HEALTH CARE PLAN
FOR CAMPER WHO HAS BROUGHT EPI-PEN TO CAMP

ALLERGY TO: _____

Camper's
Name: _____ DOB: _____ Counselor/Cabin: _____

Asthmatic Yes □* No □ * High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:	**Symptoms:**
▪ **MOUTH**	itching and swelling of the lips, tongue or mouth
▪ **THROAT***	itching and/or a sense of tightness in the throat, hoarseness and hacking cough
▪ **SKIN**	hives, itchy rash and/or swelling about the face or extremities
▪ **GUT**	nausea, abdominal cramps, vomiting and/or diarrhea
▪ **LUNG***	shortness of breath, repetitive coughing and/or wheezing
▪ **HEART***	"thready" pulse, "passing out"

The severity of symptoms can quickly change.
***All above symptoms can potentially progress to a life-threatening situation!**

ACTION:

1. If reaction to allergen is suspected, give _____ (medication/dose/route)
   and _____ immediately!
2. Notify nurse immediately via radio.
3. Nurse will call Poudre Valley Hospital and notify that epinephrine has been given.
4. CALL: Mother _____ (Name) Father _____ (Name) or emergency contacts.
5. CALL: Dr. _____ at _____

DO NOT HESITATE TO ADMINISTER MEDICATION EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

_____ (Parent Signature) _____ (Date)

EMERGENCY CONTACTS

1. _____ Relation: _____ Phone: _____
2. _____ Relation: _____ Phone: _____
3. _____ Relation: _____ Phone: _____

For children with multiple allergies, use one form for each allergen.